

# AMICI DI RAOUL FOLLEREAU



## ANNUAL REPORT



2013



[WWW.AIFOINDIA.ORG](http://WWW.AIFOINDIA.ORG)

## IMPACT – OUR STORY IN NUMBERS

In 2013 we directly impacted **68,965** lives of persons coming from backgrounds of disease, poverty and vulnerability across **10 states** in India. We did this through our network of **18 trusted** partners that indirectly supported **62, 90,600** people.

**3838** new cases of persons suffering from leprosy were detected and treated through our partners. According to the latest available data from the World Health Organization (WHO), India accounted for over **134,752** new cases of leprosy in 2012 out of a worldwide total of **232,857**. Nearly 10% of all these cases were among children under the age of 15 years.

**58** reconstructive surgeries were performed for persons suffering from leprosy related deformity and disability and **1836** persons suffering from leprosy related ulcers and wounds received treatment, care and knowledge on self-care through our partners. **133** persons received surgical operations for cleft lip & palate, club foot and other disabilities.

**5200** children coming from families with persons affected by leprosy or suffering from different types of disability were provided access to formal education, which was formerly denied to them.

**1550** self-help groups were supported comprising a total of **21933** members. Of these **12,338** were persons with disabilities.

**2036** people were provided with livelihood training (sewing, tailoring and financial management skills) of which 70% constituted women

**1582** persons received physiotherapy,

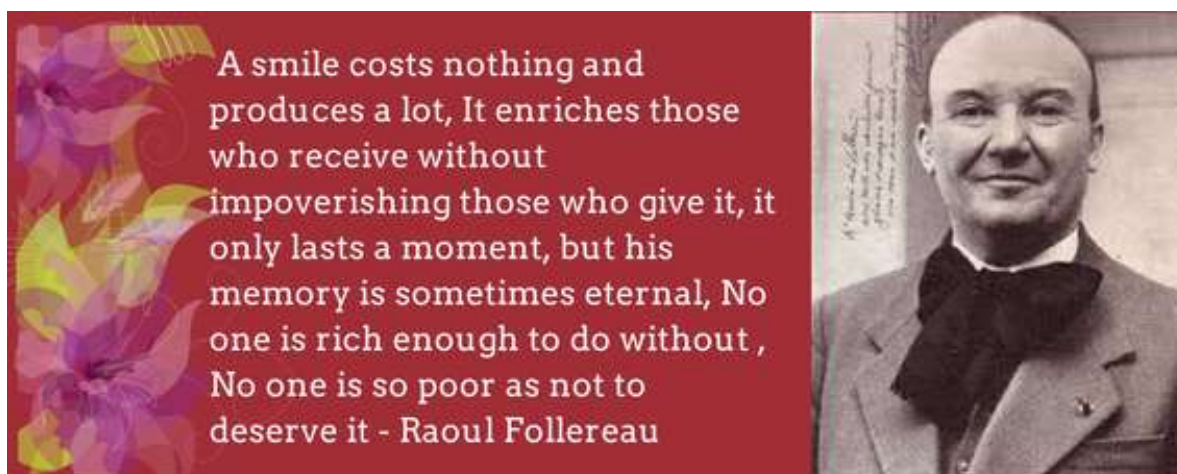
**130** persons received crutches, wheel chairs and medical aids.

**793** people were provided with protective MCR footwear

**4136** persons received training and support for self-care.

**306** micro loans were given to rural entrepreneurs with over **56%** towards women entrepreneurs  
A total of 127 people were supported in job placements

**1693** Adults and young people were provided access to basic reading, and adult education programmes.



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**LETTER FROM THE DESK OF THE DIRECTOR**

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Dear Friends, Partners and Activists in ending leprosy,

For over 18 years we have been successfully working across India with those affected by leprosy, disability and resource poor communities. There are still many more people suffering from leprosy, related disability and stigma that need our support and encouragement.

In 2013, AIFO India set three strategic priorities to scale up programme impact – to grow and diversify revenue and support, and to strengthen our core national operating systems.

We have made good progress! Today, we are trying to create and execute large scale projects that would enable us to help more families and communities faster. We are now focussed on larger and more impactful projects where we can provide the greatest benefit, and demonstrate our work at a very deep level. We are very intentional in building local capacity and work with numerous grassroots non-government organizations. Our intent is to support the development of a strong and vibrant civil society to continue work in the area of leprosy as envisaged by our inspiration, Raoul Follereau.

We are investing more in internet marketing, retooling aifoindia.org for an improved donor experience and are in the process of reengaging our programmes with corporates and institutions. We have made these changes because the **communities with whom we work are demanding more action**, impact and opportunities that will create a better quality of life.

A highlight of 2013 was Dr. Manimozhi receiving the Raoul Follereau Award, which is given in recognition of their dedicated service to persons suffering from leprosy by AIFO Italy.

In our journey, we are very grateful for the continuous support of our 'friends' in Italy who believe in us and support us every step of their way. We are very grateful to be part of such a noble network that is steeped in compassion and service for mankind. Our gratitude extends to the AIFO headquarters in Bologna, Italy which has been instrumental in supporting our operations. We are also thankful to the Central Leprosy Division, Government of India, State Leprosy Officers, ILEP, World Health Organization and Novartis. We thank our field partners, programme managers and volunteers who work tirelessly to make each day count.

We work tirelessly to fight stigma and discrimination of persons suffering from leprosy, to enhance opportunities for persons with disability, to create inclusive economies and invest in children, all, with the aim of providing a better quality of life.

Thank you for joining in this journey.

Sincerely,



Jose Manikkathan PhD



## MY TRYST WITH LEPROSY – JAYASHREE PK

2014 - My experience of life can be summed up in a few words “I am grateful for the life I have”. Ironically, what I am most grateful for is for the fact that around three decades ago, I suffered from Leprosy. At that point in time, as a 21 year old, it was a devastating experience. My life was just beginning. I was bright, young, brimming with confidence and everything nice was about to happen to me. I had enrolled for a professional course in accountancy, after having completed my graduation.



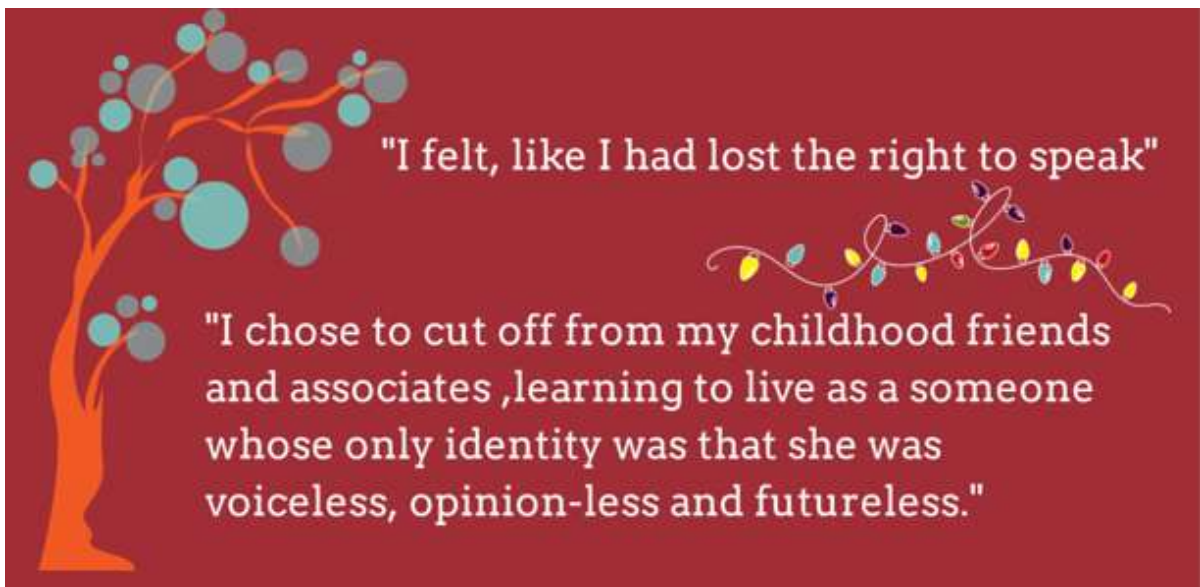
However, the peculiar ‘tugging’ on the little finger of my right hand followed by the noticeably huge glistening pinkish patch on my right elbows changed my life forever. My parents took me to meet a skin specialist, who after the biopsy test of my skin gave me the verdict – that I was afflicted by Leprosy. I struggled, trying to make meaning of what my life had become. I chose to cut off from my childhood friends and associates ,learning to live as a someone whose only identity was that she was voiceless, opinion-less and futureless.

In my tryst with the disease my source of unwavering support came from my family. My older sister Shri took care of me like no one else could have. She spent a lot of time around me; made sure I was not feeling lonely or left out and even made sure to eat from my plate, as a symbolic gesture that it was okay for me to be suffering this illness. At home, we did not speak about my health and there was a palpable silence around all of us all the time. I felt, like I had lost the right to speak and felt guilty for subjecting my parents to the trauma of my condition. In spite of the physical comforts available to me, I found myself a complete wreck- with the fear of the disease leaving me anxious and worried all the time. For instance, I worried constantly that my then best friend would not let me in her home or let me touch her little children should she come to know that I had suffered from Leprosy. I felt like a liar and an outsider who did not belong anywhere. The impact was that I had to be on medication for various ailments – at one point of time, in addition to MDT, I was put on anti-depressants, and heart related medication and valium to help me sleep.

In 1989 I met Dr. Paul Neelamkavil, who helped me overcome the fear I harboured about whether I would be cured at all. Around then I began to nurture a thought of wanting to help those who have suffered from Leprosy. I even got a letter written by Dr. Paul addressed to Sister Mary Masceranhas who worked with a Leprosarium at Sumanahalli, a suburb close to Bangalore. However at this point, I was drifting along, not wanting to associate with this disease on the one hand and experiencing guilt on account of being a 'privileged' patient of the disease on the other – the privilege being that I had a regular family to go back to, I had access to completing my education and I was living in a city that had facilities of medical care available to me which my fellow sufferers were not privy to.

While I moved on and began to do well in life, I always carried a nagging concern that I have done nothing in the area of working for leprosy eradication. I was consistently following the reports of WHO and other agencies and realized that Leprosy wasn't going anywhere and that more work needs to be done. Intermittently I would experience guilt at my lethargy. In 2012, I put an end to contemplation and got into active work of Leprosy advocacy, thanks to Dr. Mani and Dr. Jose Manikkathan of AIFO. Through my association with AIFO I have accessed the world of Leprosy relief work and am currently involved as a volunteer for LEPRO as a committee member and as a Trustee for the GoodBye Leprosy Trust. My professional success (I run a business along with my engineer husband, providing professional courses to management executives) allows me the freedom to engage in this work and I expect to spend more time in the coming years to make that difference which I can, as a person affected by the disease.

In hindsight, I am aware that lack of awareness, and real understanding about the disease was a bigger culprit than the bacteria that affected my body. Now, I am available to help others like me so that their physical and emotional recovery does not take so long as it did for me. Being in this work, I have met some very tenacious professionals in the field of Leprosy advocacy who are untiring in their mission and no wonder my experience of life is one of gratitude that I too can now contribute my bit.



## MISSION AND VISION

**Our Vision is to enable opportunities for persons affected by leprosy, persons with disability, women children and persons coming from vulnerable and marginalized communities to lead better quality of Life.**

Our mission as a professional non-profit health and development organization is, to enable opportunities for persons affected by leprosy, persons with disability, women, children and members of poor and vulnerable backgrounds, through focussed healthcare, education and economic empowerment initiatives across India with the aim of providing a better quality of life and creating large scale positive change

Over the 18 years of our operations in India, we have directly impacted **1, 50, 000** people with 18 partners across 10 states of our operations. The range of our work includes healthcare initiatives such as reconstructive surgery for victims of leprosy who have suffered deformity or disability, identification of new cases of leprosy and treatment as well as integrated community development programmes.



*Above: Persons Suffering from Leprosy Related Deformity of the Hand (clawing)*

## WHO WE ARE

AIFO India works aggressively towards the eradication of leprosy, support of persons with disability and empowerment of marginalized groups particularly women and children. A combination of healthcare initiatives such as reconstructive surgery for victims of leprosy who have suffered deformity or disability, identification of new cases of leprosy and treatment as well as integrated community development initiatives such as formal and non-formal education opportunities and economic empowerment projects has allowed us to directly impact over 1, 50,000 people across the 10 states of our operations.



*Above: Disabled people's self-help group in Mandya, Karnataka.*

*Above: A young girl returning from school, watching her mother participate in the local women's SHG (self Help Group)*



Civilization is the patient ,  
eager, stubborn desire that  
there should be on earth less  
injustice, less pain , less  
unhappiness  
- Raoul Follereau

## WHAT WE DO

**We believe that “One person aided is one family changed.”**

AIFO India uses data from direct and indirect benefits in its impact evaluations and reporting. The combination of both the direct and indirect benefits calculated through accepted multipliers establishes the number of families’ helped. AIFO is confident when we say “We made an impact”, but it’s imperative that impact is measurable, tangible and concrete. AIFO India’s definition of holistic and sustainable impact includes five categories of impact or change in the lives of our beneficiaries and their communities:

1. Improved health
2. Improved income and assets
3. Empowered women and improved gender equality
4. Improved community participation
5. Increase social capital

While objectives may vary, all these impacts will be present and measured at the project level.

## AIFO INDIA AIMS TO MOVE THE COMMUNITIES THAT WE WORK WITH FROM VULNERABILITY TO SUSTAINABILITY



*Above: Partners from different projects across the country sharing and reflecting on success and failures.*

## MILESTONES – OUR STORY SO FAR.

AIFO began operations in India in 1963. Through implementing partner GLRA (German Leprosy Relief Association)

**1979** - Dr. Ekambaram is appointed as the first representative of AIFO in India and new local partnerships were forged.

**1983** - Partnership with National Leprosy Eradication Programme (NLEP) is initiated in the Chittoor district of Andhra Pradesh providing districtwide medical, staff and capacity support.

**1992** - Under the NLEP programme, MDT (Multi Drug Therapy) support initiated for Bangalore urban and Mandya districts.

**1993** - Under the NLEP programme support extended to Vidisha and Resin district. A few years later supports is extended to Orissa, Andhra Pradesh and Karnataka.

**1993** - Community Based Rehabilitation Methodology introduced (CBR) by AIFO supported by Dr.Papulin Chief Medical Officer DAR WHO at the Cochin AIFO Meeting.

**1998** - Amici Di Raoul Follereau Trust is formally registered in India

**2001** – Jose Manikkathan took charge of AIFO India’s activities as Director. Additional technical staff was also added. DTST (District Technical Support Team) strategy was adopted to curb leprosy across India.

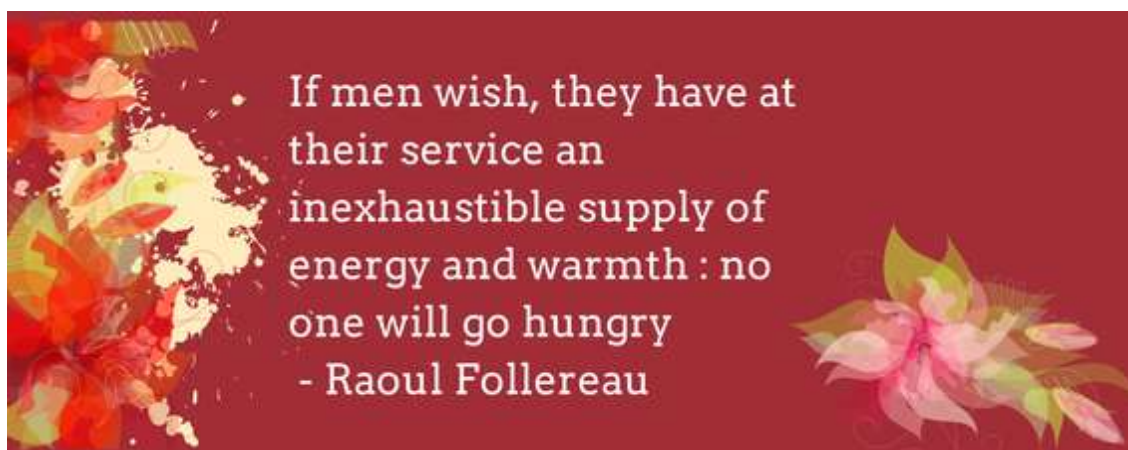
**2008** – AIFO India began extending support to the North Eastern States of Assam, Meghalaya and Arunachal Pradesh.

**2009** - SPARK research undertaken in India, with the aim of training para medical workers using among other things, the emancipatory research methodology.

**2011**-AIFO international successfully completed 50 years and celebrated its golden jubilee.

**2013**- AIFO India now supports the entire North East Region at the behest of the Central Leprosy Division and with the support of LEPR.

GBLT (GoodBye Leprosy Trust) - A consortium consisting of five organizations which include AIFO, LEPR, Alert India, Swiss Emmaus and the German Leprosy Relief Association came together for form Goodbye Leprosy Trust (GBLT) with the aim of creating awareness and funds for the cause of leprosy in 2013.



## CHALLENGE OF LEPROSY

TODAY, Leprosy, currently affects approximately a quarter of a million people around the world. **Sadly, over 58% (according to the World Health Organization) of these cases are found in India and over 10% of all new cases of leprosy are detected among children under the age of 15 years.** In the 21<sup>st</sup> century, even when drugs to treat leprosy have become available and there is much more knowledge about the disease, the scourge of leprosy remains persistent and widespread. According to the National Leprosy Eradication Programme (NLEP) of the Union Health Ministry, 127,595 new cases of leprosy are detected in India every year. In India, Uttar Pradesh has the highest number of new cases in 2013-14 (14,865), followed by Maharashtra (12,659), Gujarat (5,981) and Chhattisgarh (5,656). Today persons suffering from leprosy, related disability and affected communities face numerous challenges, chief among them being:

**Infrastructure-** Poor medical infrastructure often leads to delayed or wrong diagnosis, and further aggravation of the disease and related disability.

**Discrimination** -Today, people affected by leprosy continue to suffer from the historical legacy and societal stigma towards the disease. Further this discrimination is perpetuated by archaic laws at the state level which receive support from the national governments. For instance, **“In the states of Chhattisgarh, Rajasthan, Madhya Pradesh, Andhra Pradesh and Orissa leprosy patients are prohibited from running for elections. “The Motor Vehicle Act of 1939 restricts leprosy patients from obtaining a driving license and the India Rail act of 1990 prohibits leprosy patients from travelling by train. ”Leprosy is also considered as grounds for divorce, as almost all of the marriage and divorce laws of India .Almost all the marriage and divorce laws of India, consider leprosy as grounds for divorce with the Special Marriage Act of 1954 declaring leprosy “incurable”.** Unfortunately, in most cases these laws have been upheld by the National Government and amendments have only been cosmetic. Further, disability caused by leprosy is not recognized by the medical fraternity world over.

**Loss of livelihood** - Leprosy and Associated Disability create significant losses in livelihood in the short and long term owing to inability to function normally, in addition to discrimination and stigma.



*Above: Persons suffering from leprosy related deformity of the foot*

## OUR APPROACH

### **PROGRAM OFFERINGS:**

AIFO, India's work rests on two pillars – disease control and community development. In improving and supporting healthcare initiatives in the field of leprosy eradication and disability rehabilitation our programs are defined in two areas:

- a. **Reconstructive Surgeries** – We provide medical support and subsequent treatment and follow up care for patients who have suffered deformities and disability due to leprosy with a special focus on young people. Reconstructive surgery is an important part of alleviating the challenges of leprosy as the disease often renders its victims incapacitated owing to nerve damage. Typically, surgical procedures can help correct leprosy deformities in hands and feet, nose reconstruction and saving eyesight for people who can no longer open and close their eyes. This is very critical for the children and young people we serve as it increases social acceptance of previous leprosy patients in the community, and helps them to perform daily tasks and earn a livelihood.
- b. **Training Programs** - We work towards up-skilling and sensitizing the healthcare system in India towards the challenges of Leprosy and related disability. Owing to the lack of new cases in some regions, the level of skills required to diagnose and treat leprosy is falling dramatically. This has led to the challenge of misdiagnosis as well as late diagnosis which adversely affects the recovery chances for a leprosy patient. Training is provided to government healthcare workers, local NGO workers, staff of local government hospitals, staff at low cost private hospitals and other relevant stakeholders and the requisite skills required for the correct diagnosis of leprosy.

### **2. Development program**

Our Development initiatives aim at expanding opportunities and creating inclusive markets for persons coming from poor and vulnerable backgrounds.

#### **a. Education for Children –**

We support formal and informal education initiatives such as schools, tuition centres and vocational training centres for young people coming from vulnerable backgrounds such as orphans, children with disability and leprosy, rag pickers as well as children coming from extreme poverty and abuse.

#### **Economic Empowerment programmes**

Through focussed economic empowerment interventions such as support of self-help groups of disabled and marginalized communities, support of farmers in rural areas we work towards creating self-sustaining communities that are able to create and sustain the necessary opportunities for a good quality of life.



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**AIFO AND THE NATIONAL LEPROSY PROGRAMME (NLEP)**

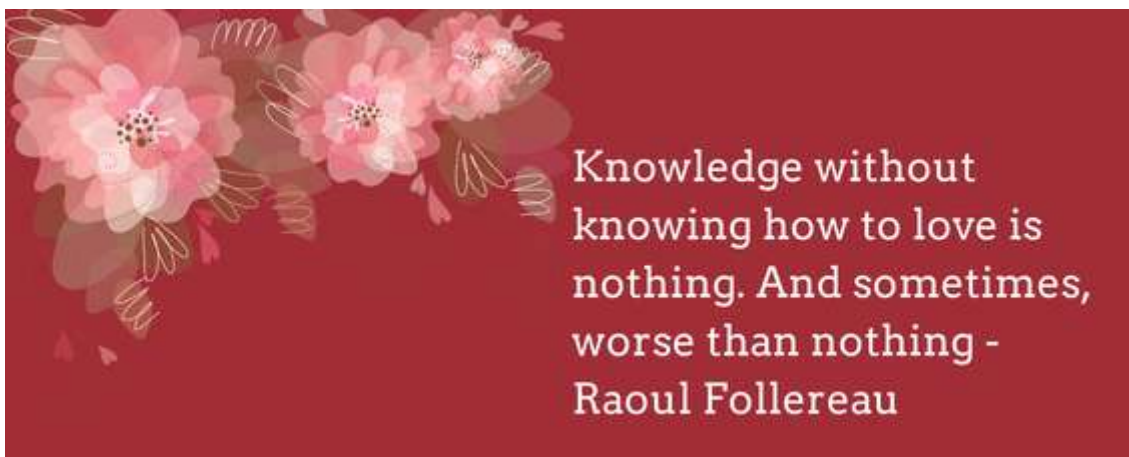
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Periodical visits to our partners are conducted by the AIFO Team and our National Leprosy Eradication Programme (NLEP) consultants. In 2013-14 AIFO continued its operations as ILEP/NLEP Coordinators in collaboration with LEPRO in Karnataka and the North Eastern States which include Assam, Meghalaya and Arunachal Pradesh. In addition we collaborate on a variety of initiatives and projects with our ILEP partners in the states of Andhra Pradesh, West Bengal and Orissa. AIFO , along with partners from ILEP operate under a MOU with the Central Leprosy Division carry out activities under the purview of the following areas with the aim of supporting the General health system to provide an integrated , sustainably and high quality leprosy treatment services to all affected –

1. Improved case detection
2. Improved case management
3. Improved monitoring and supervision and evaluation
4. Leprosy expertise developed and sustained.
5. Increased participation of persons affected by leprosy in society
6. Stigma reduced
7. Research to support evidence based programming
8. Programme management ensured.

Over the past decade we have invested heavily into stabilizing our leprosy, disability and integrated community development programmes across the country. We have made a strategic shift to focus on the north eastern region of India, where leprosy and related disability still affect large sections of the population.

Our team actively monitors our partners in districts across Assam, Meghalaya and Arunachal Pradesh. We actively identify cases for Reconstructive Surgery and refer these patients for treatment to our partner hospitals and care institutions. We supported the government in procuring MDT (Multi Drug Therapy) during an emergency. Our advocacy efforts include supporting the work of the State Leprosy Officer in Assam, Meghalaya and Arunachal Pradesh to spread awareness about the issue of leprosy, improve case detection and treatment. To that end regular meetings are held with the Health Secretary, Government of India. Our action also yielded the recruitment of a State Leprosy Office in the state of Meghalaya where the post had been lying vacant for a long period of time.



## AIFO AND THE NATIONAL LEPROSY PROGRAMME (NLEP)

### North Eastern Region Programmes

#### **Assam**

The number of new cases has increased tenfold in the state over the last decade. A total of 826 new cases of leprosy were detected over the past year leading to a prevalence rate of 0.38. Of these a total of 83 children were diagnosed with leprosy. The number of new cases detected has increased by 3.25% from the previous year. In addition, the number of women suffering from leprosy has increase to 229 compared to 208 in 2012-13.

At the AIFO Shoe Unit in Borgang Catholic Hospital, custom MCR (micro cellular rubber footwear) is now available for persons suffering from leprosy related foot deformities. The Catholic hospital also facilitated the reconstructive surgery for 1 persons affected by leprosy. A total of 16 surgeries were conducted in Assam through our partners.

The severity of 4 patients required us to refer them for specialised treatment in the TLM (The Leprosy Mission) hospital in Kolkata. Finally, our extensive monitoring and post-surgical support healed 8 neuritis reaction cases.



*Above: Pre-operative (Left) and Post-Operative surgery pictures of Muni Tete (name changed) which was conducted in Kolkata in 2013.*

## LIFE STORY -

Asha (name changed) hailing from Nichlaluk village, Lakhimpur district, Assam is an inspiring story of how even severe deformities and disabilities arising from leprosy can be treated and overcome. Asha is the fifth child of her parents, who work as agriculture labour. When Asha was studying in the third grade at the tender age of ten, she developed patches on her skin. Unfortunately, her family ignored her symptoms until her condition worsened. A year later she developed claw hands and was then taken to seek medical treatment at the district health centre where she was treated with Multi Drug therapy by the local Leprosy medical team.

While she underwent the entire MDT treatment, her condition did not improve. Further, her disabilities and deformities worsened, where all her limbs got deformed and she lost the ability to close her eyes completely. A few years later she also developed plantar ulcers and in a bid to seek relief would frequent the local health centre for bandages and medicines. During this time, the foot ulcer on her left leg had gotten worse. While on a routine visit to Lakhimpur district to screen patients for reconstructive surgery by the AIFO staff, they encountered Asha and her family. Asha's family requested that her left leg be amputated. However at the suggestion of AIFO's medical team, she was admitted into the Catholic Hospital Borgang where her case would be reviewed and managed. Surgery was performed with a provision for special footwear from Kolkata, West Bengal.

She received surgery for her foot, all the while her younger sister was by her side. Her younger sister of marriageable age had decided not to get married until Asha made a full and successful recovery. During this ordeal, her family was a great support. When asked what her future plans were – Asha said that she was looking forward to living a life 'ulcer free' and she no longer wanted to be a burden to her family or anyone. Her recovery not only gave her a second chance, but also gave a second chance to all members of her family.



Above: Asha who underwent reconstructive surgery and MDT in rural Assam, North East India



Above: Special Shoe for Jayanata in Assam

## IN MEMORIUM



*Above - Meena Nayak was successfully operated on for 'clawing'. However, in a tragic turn of events she passed away in a road accident.*

### **Training of Medical Officers and healthcare staff in Khanapara, Guwahati, Assam in October 2013.**

Dr. Manimozhi Natarajan Head NLEP Programmes at AIFO India facilitated a training programme for medical officers and staff in Khanapara, Guwahati with the aim of sensitizing and upskilling local healthcare staff to the health challenges posed by leprosy.



Above: Dr. Manimozhi, Head NLEP Programme facilitating a training programme for healthcare staff in Khanapara, Guwahati. Above



Above – Dr.Manimozhi. Head NLEP (National Leprosy Eradication Programme) during a training session for local healthcare workers in Guwahati, Assam.

### **Meghalaya**

While the overall number of cases detected dropped marginally to 16 cases, it is surprising to note that the majority of cases reported are from the female population. This suggests an increase in self reporting among women and better penetration of our team into the hinterland in Meghalaya.

### **Arunachal Pradesh**

A total of 22 new cases of leprosy were detected. 30% of these cases were detected among women. This year we continued our



Above: Documenting patient feedback at a medical officers training programme in North East India.

special focus on reconstructive surgeries. With the support of LEPR and The Leprosy Mission (TLM), we were able to detect and treat several cases from rural north east India. The success of these surgeries also promoted more people with leprosy related disabilities to come forward to undergo treatment and surgery. These developments have encouraged a partnership between AIFO and the Guwahati Medical College.

## **Karnataka**

In March 2013, we expanded our team to include a consultant to monitor the National Leprosy Eradication Programme in Karnataka. Our work in Karnataka is a combination of advocacy, training and support to government and local health care systems.

Our training extended to, medical officers training programme in Chamrajnagar and Kolar in March 2013, training of the Medical Officers in Bangalore urban district in September 2013 and acting as a resource during the training of medical officers in Bangalore Urban district. In Chamrajnagar and Kolar, the DLO's (District Leprosy Officers) training programme was conducted to sensitive SLO's (State Leprosy Officers) to help DLOs to carry out training programme. The need initiated from the DLO's demand for training to teach them

Our advocacy work involves actively working with the local government and health care mechanism to identify and fill gaps. Through our work, we held meetings with the District Leprosy Forum President, the Joint Director for Leprosy, Haverly DLO, Bellagam DLO, Karwar DLO and Shivmoga DLO's office. We also participated in the annual DLO review meeting.

AIFO made regular visits to Primary Health Care centres around Karnataka, with the aim of studying the ground realities and finding solutions. Last year we worked with the Bangalore rural PHC, Bangalore Leprosy Hospital and an NGO leprosy hospital in Bangalore urban district.



Above: This couple coming from rural Karnataka are affected by leprosy and are supported by our partners in rural Karnataka.

**AIFO INDIA BIENNIAL MEETING**

**AIFO India Biennial Meeting April 2013.**

This meeting was held with the aim of analysing the financial and technical situation of our partners, identifying co-financing and partnership building measures, local fund raising and strengthening networking systems and designing strategies for the future.



*Above: The picture taken at TRDC includes Dr. Renato, Francesca Ortali, from AIFO Italy, Murray Culshaw and the AIFO India Team.*



*Above: The goodbye leprosy trust is a consortium consisting of five organizations coming together to work for the cause of leprosy. The five organizations are AIFO India, LEPRO, German Leprosy Relief Association, Alert India and Swiss Emmaus. Dr. Jose, Director AIFO India is the chairman of the board of trustee*

## ACHIEVERS



*Above: Dr. Manimozhi receiving the Raoul Follereau Award for service to persons affected by L*



*Mr. Chelavaraju president KARO - Karnataka Disabled Persons Association, being felicitated by AIFO for his commitment to serving people with disability.*



*Mr. Suresh being felicitated by AIFO for his outstanding work as Karnataka leprosy forum president*

## STORIES OF CHANGE

### COMMUNITY BASED INCLUSIVE DEVELOPMENT

Jabina hails from the Haladhakeri village in Bidar district. When she was a year and half old she suffered massive polio attack which paralyzed her hands, legs and weakened her back. As a result she was bedridden for over three and a half years. At the age of five she underwent a surgery for her left leg in Vishakhapatnam. This enabled her to walk a bit. While she can stand up, her movement is restricted to short distances.

Her newfound mobility allowed her to attend school and she studied in an Urdu medium school successfully completing her 10<sup>th</sup> standard examination. She continued her higher education in the Arts department. Unable to cope, she discontinued and began learning computers in CVTI Bidar. Once again, personal circumstances forced her to drop out of the computer programme and she was now home bound.

While this situation made her very emotional and unhappy, she was determined not to be bound by her disability. She learnt 'Pico' work and basic sewing from her older sister. She expressed her interest to the orbit staff in earning an income. They connected her with a local women's SHG where she began doing a bit of tailoring work. She also received her request of a PICO machine under the IGP scheme. Despite her legs being weak, she is able to pedal and complete her stitching task and earn a decent income for her family.

While doctors said that her physical condition can be improved with another surgical intervention, she decided that she did not want to go through with it. If something went wrong she feels she will not be able to do anything and her family will suffer without her support.

Jabina's story is inspiring because, despite undergoing severe physical and emotional turmoil, she beat the odds to emerge victorious.



Above: Jabina and her Sewing Machine

**Community Based Rehabilitation – *Education and Livelihoods for persons suffering from leprosy, persons with disability and those coming from backgrounds of poverty and vulnerability.***

Our CBR Interventions are extended to persons affected with leprosy, persons with disabilities – which include persons with visual, hearing, speech and physical leprosy disability, convulsions, mental illness and intellectual illness. The programme strategy is governed by the five by five matrix of the World Health Organization that covers interventions in health, education, social, livelihood and empowerment.



Above: Disabled Persons Self-help Group in Rural Karnataka

Over the past year, we have continued to strengthen our partnerships and the capacity of our partners. A DPO's networking meeting and leadership training was conducted in Mandya and Ramnagar districts. In July 2013, the State level leprosy forum, Mandya-Ramnagar districts and 9 Taluk level networking meetings were facilitated. The session provided them information on issues relating to legal identify, financial status, executive body functions, members benefits, their achievements, challenges , connection and working with SHG's and other DPO's and gender equality challenges. Different facilitators presented during this three day workshop which saw a total of 37 representatives representing different DPO'S at different levels participate. The workshops witness several tangible outcomes namely – preparation of activity plans for the upcoming months, effective use of technology ( email, skype ) , restructuring their executive bodies, engaging taluk level representatives in state level meetings, engaging district level representatives in state level meetings, DPOs will make provision for leprosy related activities, information sharing between the state level president with all the DPO'S, DPO's are committed to renewing their legal status and implement PWD's act in villages.

In honour of their achievements at the Karnataka State Level, Mr. Cheluvaraju President Karnataka State DPO, Mr. Suresh, President Leprosy forum and Mr. Krishnamurthy, President DPO Malavalli

were felicitated by AIFO. The session facilitators included Dr. Jose (Director AIFO), Mr. T.V. Srinivasan (President SRMAB), and Dr. Michel (NLEP consultant Karnataka AIFO),

Mr. Devaraj (Taluk coordinator MOB), Mr. Balu (Taluk coordinator MOB), Mrs. Kalavathi (Taluk coordinator SRMAB) Ms. Ambuja (CBR worker MOB) and other women coordinators were involved in organising and facilitating the sessions

A second training was held for 30 representatives of DPO's in the Bidar district. With the support of ORBIT, a five taluk level DPO training and networking meeting was held in September 2013. This training allowed for a better understanding of the practical realities of implementing legal status, financial status, executive body function, member benefits, achievements, problems, connection with SHG's and other DPO's and gender equality issues. Facilitators included Dr. Jayanath from AIFO, Fr.Bapu, Mr.Suresh, Mr.Tukka Raddy, Mr.Nownath and other women CBR workers from our partner CBR projects.

Mr. Pravin president Bidar Taluk DPO and Mrs. Gowramma executive member Bidar district level DPO also shared their message.

The workshop concluded with the outcomes such as - preparation of activity plan by each DPO, effective use IT (e-mail-Skype), restructuring of their executive bodies, Taluk level representatives will participate in district DPO activities, District level representatives will participate in state level meetings, DPO will make provision for leprosy related activities, state level president will share regular information with all the DPOs, DPOs will renew their legal identification, implementation of PWDs act in villages, Implementation of 371 article of the constitution amendment for the Hyderabad , Karnataka region, marriages support activities, protests on implementation of schemes and programmes etc.

ORBIT, Bidar research programme

The theme of this research is violence and abuse of persons with disabilities and was started in the November 2013 and is ongoing.

## GOVERNANCE

### **Jurisdiction and Tasks of the Board and Management**

#### **The Board**

- Is ultimately responsible for strategy, policy , budget and results
- Approves audited financial statements and ensures the organizations compliance with laws and regulations
- Ensures that activities of the organization are aimed at realizing the target and contribute to its mission.
- Examines the strategic long term plan and the individual annual plans.
- Decides adjustments of plans, budgets, and investments.

#### **Management: Director**

- Is responsible for developing long term strategy, annual plans and organization policy.
- Informs the board of all relevant facts and information
- Evaluates the execution of AIFO's annual plans. Presents it to the board.
- Engages in new partnerships and core fundraising.
- Financial management and operational governance

### **Composition of the Board of Trustees**

Name	Position on Board	Meetings Attended	Age	Gender	Occupation
Dr. Daisy Kandathil	Chair Person	1	80	Female	Medical practitioner and social worker
Ms. Alphine Joseph	Vice Chair Person	2	53	Female	Engineer
Dr. Jose Manikathan	Secretary	2	56	Male	Development Worker
Mr.T.V. SRINIVASAN	Treasurer	2	71	Male	Teacher and social worker
Dr. J Alexander	Trustee	2	75	Male	Former Chief Secretary, Ex-Minister Govt. of Karnataka
Dr. Nagendra Prasad	Trustee	2	64	Male	Development Worker

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**BOARD OF TRUSTEES**

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**Dr. Daisy Kandathil**



**Dr. J Alexander**



**Mr. T.V.Srinivasan**



**Dr. Nagendra Prasad**



**Ms. Alphine Joseph**



**Dr. Jose Manikkathan**

**GOVERNANCE**

<b>Total cost of international travel by all personnel (including volunteers) and Board members</b>					
<b>Name</b>	<b>Designation</b>	<b>Destination</b>	<b>Gross Expense (In Lakhs)</b>	<b>Sponsored by</b>	<b>Purpose</b>
Dr. Jose Manikkathan	Director	Belgium, Italy	1.32	AIFO Italy	To attend the International Leprosy Congress, in Belgium. Country coordination office General Management & Planning meeting in and to participate XXV International Congress of AIFO, in Italy. To participate in HRM training.
Dr. Jayanth Kumar	Head Programmes	Liberia	1.19	AIFO Liberia	To conduct CBR training programme in Liberia.
Dr. Manimozhi	Head Medical Coordination	Belgium, Italy	1.49	AIFO Italy	To attend International Leprosy Congress. Discussion, consultation & finalization of future leprosy strategies of AIFO at XXV International Congress of AIFO and to receive Follereau Award.
Dr. Ryinmon Roy Lanong	Consultant	Belgium	0.61	AIFO Italy	To attend the International Leprosy Congress.
Rosamma	Partner	Italy	1.11	AIFO Italy	Attended World Leprosy Day and to bear personal testimony about her experiences and the impact of AIFO's work in India
<b>Total</b>			<b>5.72</b>		

**International travel by Staff in the year 2013-14 was a total of Rs.5, 72,000**

**Management distribution of staff according to salary levels as on March 31<sup>st</sup> 2014**

Gross Salary ( IN INR)	Male Staff	Female Staff	Total Staff
>10,000	1		1
10,000-25000	1	1	2
25,000-50,000	2		2
>50,000	1	1	2
<b>Total</b>	<b>5</b>	<b>2</b>	<b>7</b>

*Remuneration of the highest paid staff members – 8, 58,000/p.a.*

## NOTES ON STAFF

### Notes on Staff

Our office is disabled friendly and we are an equal opportunity employer. We take great pride in the contributions made by the Head of our Programmes Dr.Jayanth Kumar.



*Dr. Jayantha Kumar Y.B Head of Programmes, AIFO India*

### National Travel by Staff during the financial year is Rs.9, 62,000

Total cost of national travel by all personnel (including volunteers ) and Board member	
Cost of National Travel for trainings, monitoring and evaluation visits and attending conferences	<b>9.62 Lakhs</b>

*Travel cost was incurred for staff members to attend National Conferences and for Routine Programme evaluations and monitoring visits*

### Details of Financial Institutions whom AIFO works with

Main Bankers	Statutory Auditors
<b>Name of Banker: The State Bank of India</b>	<b>Name of Audit Firm: Dias &amp; Associates</b>
Address: Residency Rd. Branch, No. 41, Residency Plaza, Bangalore-560 025.	Address: No.501, II floor, 5th Cross, HMT Layout, Ganganagar, Bangalore-560 032 Tel: 080 23439144 Email id: <a href="mailto:dias@dias@associates.com">dias@dias@associates.com</a>

### Date of filing of Income Tax Returns for the previous year-

Income Tax returns for the previous financial year were filed on September 6<sup>th</sup> 2013. FCRA returns were filed on July 12<sup>th</sup> 2013.

**FINANCIAL STATEMENTS**
**Summary Financial Statement.**

The following financial statement provides an overview of revenue, expense and sources of AIFO India's funding in the financial year 2013-14.

<b>Balance Sheet</b>		<b>Income and Expenditure Statement</b>	
<b>Assets as on</b>	<b>31-03-2014 (All figures in Lakhs)</b>	<b>Income for the year ended on 31-03-2014</b>	<b>31-03-2014 ( All figures in Lakhs)</b>
Fixed Assets	14.88	Earned / Self-Generated	-
Investments	3.30	Donations for Indian Sources	-
Loans and Advances	-	Grants from Indian Sources	0.65
Cash and Bank	131.37	Donations from International sources	-
Other Current Assets	0.13	Grants from International sources	220.89
Excess of expenditure over Income	61.90	Other income	5.61
<b>Total Assets</b>	<b>211.58</b>	<b>Total Income</b>	<b>227.15</b>
<b>Liabilities as on</b>	<b>31-03-2014 (All figures in Lakhs)</b>	<b>Expenditure for the year ended</b>	<b>31-03-2014 (All figures in Lakhs)</b>
Trust/Society/ share-holder funds		Programme	48.28
General funds ( unrestricted funds)		Public education and fundraising	-
Corpus and endowment fund(s)		Management and administration	39.15
Restricted/ Earmarked funds		Payments to Beneficiaries	201.36
Grant Balances		Other Expenses	0.25
Loans and borrowings		Total expenditure	289.04
Current liabilities and provisions			
Excess of income over expenditure ( if any)			
<b>Total Liabilities</b>	<b>211.58</b>	<b>Deficit</b>	<b>-61.90</b>

**FINANCIAL STATEMENTS**

<b>Receipts and Payments Account</b>			
<i>All figures are in Lakhs</i>			
<b>Receipts for the year ended on</b>	<b>31-03-2014</b>	<b>Payments for the year ended on</b>	<b>31-03-2014</b>
Opening cash and bank balance	196.97	Capital items/assets purchased for the organization	2.40
Earned / Self-Generated income	-	Capital items/assets purchased for beneficiaries	-
Donations from Indian Sources	0.65	Grants/donations to other organizations	201.36
Grants from Indian Sources		Loans and Advances	-
Sale of Investment/assets		Other Payments	85.73
Loans		Total Payments	289.49
Other receipts	5.76	Closing cash and bank	134.79
<b>Total Receipts</b>	<b>424.28</b>	<b>Total</b>	<b>424.28</b>

Complete Audited Financial Statement including the Auditors Report is available on our website ([www.aifoindia.org](http://www.aifoindia.org)) and by email upon request.

**Glossary of Terms**

- CSO – Civil Society Organization
- ILEP – International Federation of Anti leprosy associations. ILEP comprises ten members
- DTDT – District Leprosy Support Team
- MB – Multi Bacillary leprosy
- MCR – Micro Cellular Rubber. Rubber sheet used for insole in the footwear of leprosy affected Persons with anaesthesia or deformity in the foot.
- MDT – Multi Drug therapy
- NGO – Non Governmental Organization
- NLEP – National Leprosy Eradication Programme.
- PHC – Primary Healthcare Centre. The main health facility in rural areas covering a Population of 25,000 to 1, 00,000 and responsible for implementing curative and Preventive services in the designated populations.
- RCS – Reconstructive Surgery
- SPARK –Samagama- Participatory Action Research and Knowledge in Community Based Rehabilitation was carried out in Mandya and Ramnagar districts of Karnataka India.
- WHO – World Health Organization

**Accounting related terms**

- FCRA – Foreign contributions regulations act
- INR – Indian Rupees

**AMICI DI RAOUL FOLLEREAU**

No. 58, 4th Cross, Kavery Layout, Thavarekere Main Road, BANGALORE - 560 029

**FOREIGN CONTRIBUTION ACCOUNT - FC Regn. 094420816 dt 22/02/2000**
**INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2014**

INCOME	FOREIGN AMOUNT	LOCAL AMOUNT	TOTAL AMOUNT
Receipts from AMICI Di Raoul Follereau, Bologna, Italy during the year towards the objects of the Trust	21244679.48		21244679.48
<b>Local Receipts</b>	844527.00	64763.00	909290.00
<b>Interest earned on the foreign contribution during the year</b>			
- in the designated bank account - 10416346035	122289.00		122289.00
- State Bank of India - 10416346024	268925.00		268925.00
- South Indian Bank - 0396053000006259	127824.00		127824.00
- South Indian Bank - 0396053000006293		16833.00	16833.00
- Axis Bank - 913010055013987		258.00	258.00
- South Indian Bank - 0396053000009389	14131.00		14131.00
- Interest on Fixed Deposits		10969.00	10969.00
- Excess of Expenditure	6213214.36		
<b>TOTAL INCOME</b>	<b>28835589.84</b>	<b>92823.00</b>	<b>28928412.84</b>

EXPENDITURE	FOREIGN AMOUNT	LOCAL AMOUNT	TOTAL AMOUNT
<b>15 - GRANT OF STIPEND / SCHOLARSHIP / ASSISTANCE IN CASH AND KIND TO POOR / DESERVING CHILDREN</b>			
Contribution to Associations separately registered under FCRA (Schedule A)	1652868.00		1652868.00
<b>25-CONSTRUCTION/RUNNING OF HOSPITAL/DISPENSARY/CLINIC</b>			
Itanagar Diocesan Empowerment Association-Arun.pr.(SchA)	35895.00		35895.00
<b>35 - TREATMENT/REHABILITATION OF PERSONS SUFFERING FROM LEPROSY</b>			
Fees to Medical Consultants	990000.00		990000.00
Fees to Paramedical staff	496935.00		496935.00
Professional Fees	272800.00		272800.00
Bank Charges	5467.00	1311.70	6778.70
Meeting & Conferences	89241.00		89241.00
Honorarium	183645.00		183645.00
Boarding & Lodging	340805.00		340805.00
Publicity & Public Relations	51587.00		51587.00
Travel & Conveyance	1426798.34		1426798.34
Electricity & Water Charges	6606.00		6606.00
Fees & Registration	29300.00	17978.00	47278.00
Rates & Taxes	11000.00		11000.00
Training Expenses	397125.00		397125.00
Repairs & Maintenance computers	37364.00		37364.00
Repairs & Maintenance vehicles	28954.00		28954.00
Salary & Wages	193200.00		193200.00
Postage & Telephone	77322.00		77322.00
Printing & Stationery	21313.00		21313.00
Medical Mobility expenses	68766.00		68766.00
Help for the poor	6900.00		6900.00
Office Expenses	73310.00		73310.00
Contribution to Associations separately registered under FCRA (Schedule A)			0.00
<b>total carried over to page 2</b>	<b>11370989</b>	<b>19289.70</b>	<b>11370989.00</b>
	<b>17868190.34</b>		<b>17887480.04</b>



page .2

	FOREIGN AMOUNT	LOCAL AMOUNT	TOTAL AMOUNT
Expenditure contd.			
total b/d from page 1	17868190.34	19289.70	17887480.04
<b>49 - WELFARE OF THE PHYSICALLY AND MENTALLY CHALLENGED</b>			
<b>Community Based Rehabilitation Programme (CBR)</b>			
C B R Research Meetings	25289.00		25289.00
C B R fees to Research asst			
Contribution to Associations separately registered under FCRA (Schedule A)	7076620.00		7076620.00
<b>55(iii) PAYMENT OF SALARIES / HONORARIUM:</b>			
Fees to Medical Co-ordinator	745000.00		745000.00
Office Staff Salary	1508384.00		1508384.00
Staff benefit	240300.00		240300.00
<b>55(v) - OTHER EXPENSES:</b>			
Audit Fees & Expenses	28090.00		28090.00
Bank Charges	594.00		594.00
Boarding & Lodging	14074.00		14074.00
Electricity & Water	25808.00		25808.00
Newspapers & Subscriptions	2320.00		2320.00
Office Expenses	86745.00		86745.00
Fees and Registration	73900.00		73900.00
Postage / Telephone / E mail	92554.00		92554.00
Printing & Stationery	19019.00		19019.00
Meeting&seminar expenses	229275.00		229275.00
Public Relations & Publicity	39989.00		39989.00
Travelling & Conveyance	407356.00		407356.00
Repairs & Maintenance for Computers / Printers	78955.00		78955.00
Repairs & Maintenance for Fax machine/EPABX	2206.00		2206.00
Repairs & Maintenance - others	14055.00		14055.00
Repairs&maintenance vehicle	13345.00		13345.00
Rates & Taxes	17609.00		17609.00
Internal transfer of fund As donation to good bye leprosy		50000	50000.00
Total Expenditure before depreciation	28609677.34	69289.70	28678967.04
Depreciation on assets (Sch B)	225912.50		225912.50
<b>TOTAL Expenditure</b>	28835589.84	69289.70	28904879.54
Excess of income over expenditure		23533.30	23533.30
<b>TOTAL EXPENDITURE</b>	28835589.84	92823.00	28928412.84
	0	0	0

Vide our audit report in Form FC- 3 of even date.

For AMICI DI RAOUL FOLLEREAU



**M.V.JOSE**  
Secretary & Chief Functionary

Place: Bangalore  
Date: 21st April 2014



For DIAS & ASSOCIATES

Chartered Accountants  
Firm Reg No.0071048



**DIAS P JACOB**  
Partner

M. No. 201757  
Place: Bangalore  
Dated: 21st April 2014



**AMICI DI RAOUL FOLLEREAU**
**No. 58, 4th Cross, Kavery Layout, Thavarekere Main Road, BANGALORE - 560 029**
**FC Regn. 094420816 dt 22/02/2000**
**BALANCE SHEET AS AT 31ST MARCH 2014  
(FOREIGN CONTRIBUTION ACCOUNT)**

LIABILITIES & CAPITAL	FOREIGN AMOUNT	LOCAL AMOUNT	TOTAL AMOUNT
	Rs. Ps.	Rs. Ps.	Rs. Ps.
<b>CAPITAL FUND &amp; LIABILITIES</b>	20,395,959.92	561,464.81	20,957,424.73
Less Expenditure over income	(6,213,214.36)	23,533.30	(6,189,681.06)
	14,182,745.56	584,998.11	14,767,743.67
Dr. V.Ekambaram Memorial Fund	200,000.00	-	200,000.00
<b>TOTAL</b>	<b>14,382,745.56</b>	<b>584,998.11</b>	<b>14,967,743.67</b>

ASSETS & PROPERTIES	FOREIGN AMOUNT	LOCAL AMOUNT	TOTAL AMOUNT
	Rs. Ps.	Rs. Ps.	Rs. Ps.
<b>ASSETS &amp; PROPERTIES</b>			
FIXED ASSETS less depreciation: [See Schedule B]	1487812.32		1,487,812.32
<b>CURRENT ASSETS</b>			
Cash - Local Secretariat, Bangalore	35,816.00	-	35,816.00
Bank - State Bank of India, 10416346035	3,287,376.56	-	3,287,376.56
Bank - State Bank of India, 10416346024	7,483,493.41	-	7,483,493.41
Bank - South Indian Bank, 0396053000006259	1,337,013.27	-	1,337,013.27
Bank - South Indian Bank, 0396053000009389	537,934.00	-	537,934.00
Bank - South Indian Bank, 0396053000006293	-	430,882.81	430,882.81
Bank - Axis Bank, 910310055013987	-	24,115.30	24,115.30
Dr.V.Ekambaram Memorial Fund- FD SIB	200,000.00	-	200,000.00
Telephone Deposit - Bsnl	13,300.00	-	13,300.00
Bank Fixed Deposit	-	130,000.00	130,000.00
<b>TOTAL</b>	<b>14,382,745.56</b>	<b>584,998.11</b>	<b>14,967,743.67</b>

Vide our audit report in Form FC- 3 of even date.

For AMICI DI RAOUL FOLLEREAU

M.V.JOSE

Secretary &amp; Chief Functionary

Place: Bangalore

Date: 21st April 2014



For DIAS &amp; ASSOCIATES

Chartered Accountants

Firm Reg No.007104S

DIAS P JACOB

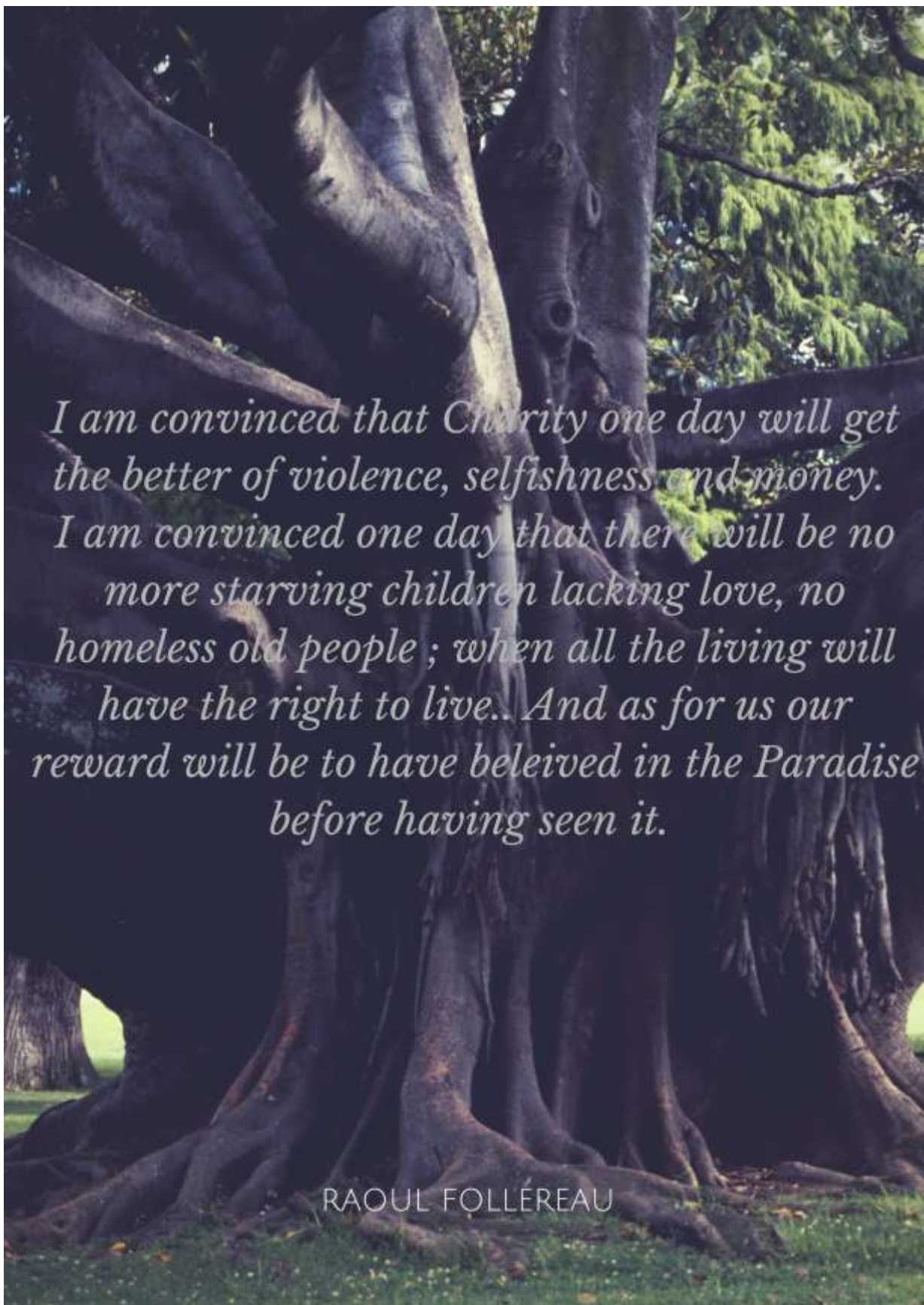
Partner

M. No. 201757

Place: Bangalore

Dated: 21st April 2014





*I am convinced that Charity one day will get the better of violence, selfishness and money. I am convinced one day that there will be no more starving children lacking love, no homeless old people ; when all the living will have the right to live.. And as for us our reward will be to have beleived in the Paradise before having seen it.*

RAOUL FOLLÉREAU